FEDERATION OF STATE MEDICAL BOARDS

AMCOA 28TH SCIENTIFIC CONFERENCE · ACCRA, GHANA

INCLUSIVE LICENSING REFORM IN PRACTICE

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STANDARD DISCLOSURES

DISCLOSURES

Informational purposes

For informational purposes only; not medical advice. Views are my own.

Use of Artificial Intelligence (AI)

Portions of this presentation, including images, were prepared with AI assistance.

Illustrative case

The physician described is a composite (not a licensee) drawn from enacted state law.

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WHO WE ARE

ABOUT FSMB

1912

FOUNDED

Supporting U.S. medical regulation for more than a century.

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MEMBER BOARDS

Medical (M.D.) & osteopathic (D.O.) boards of every U.S. state and territory, and D.C.

1M+

LICENSED PHYSICIANS

We provide the data, credentialing and information sharing that boards rely on to protect patients.

We don't license or discipline physicians — our member boards do. FSMB supports that work through credentialing, data, examinations, policy and advocacy.

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THE WORKFORCE CHALLENGE

Why U.S. states began looking at the physicians already here

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THE WORKFORCE CHALLENGE

BY THE NUMBERS

249,825

internationally trained physicians licensed in the U.S. — 23% of all

32%

growth in licensed IMGs since 2010

56,987

trained in the Caribbean — the largest source region

150%

growth in Caribbean-trained physicians since 2010

Source: Young A, Pei X, Arnhart K, Abraham G, Chaudhry HJ. FSMB Census of Licensed Physicians in the United States, 2024. Journal of Medical Regulation 111(2):7–22. Total licensed physicians: 1,082,187.

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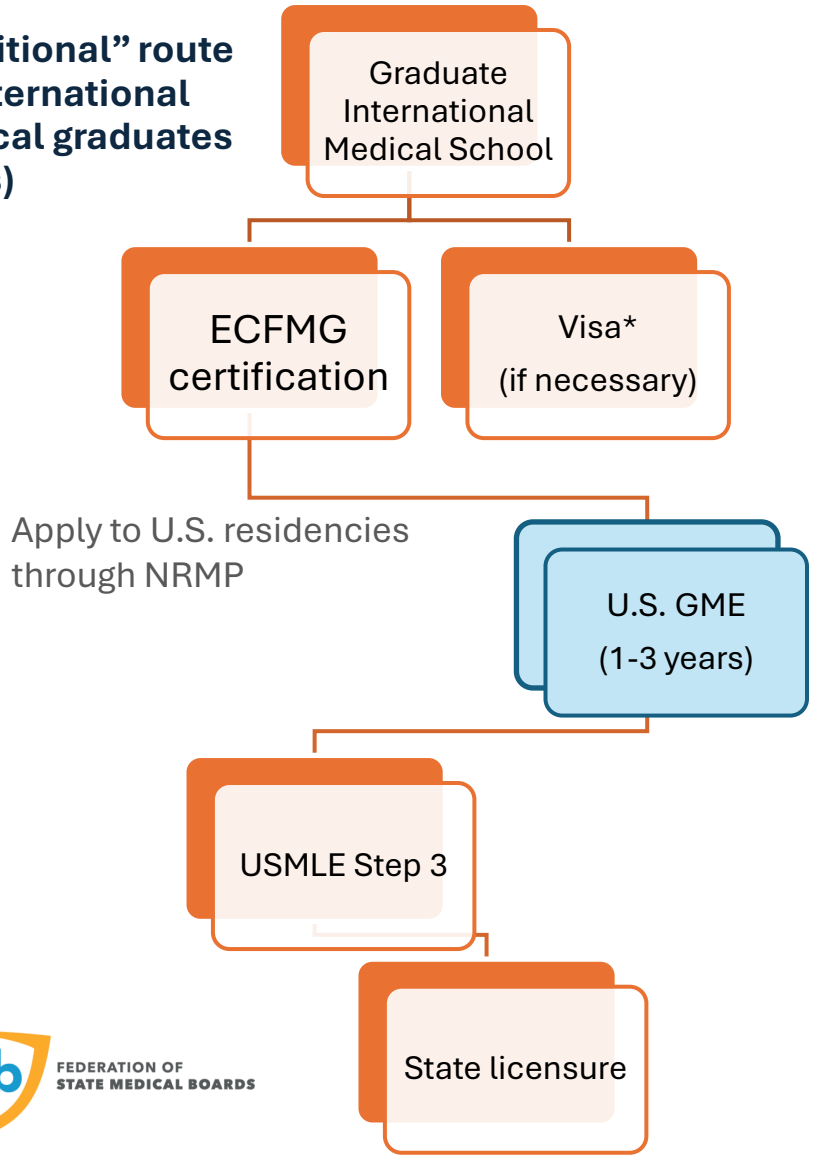
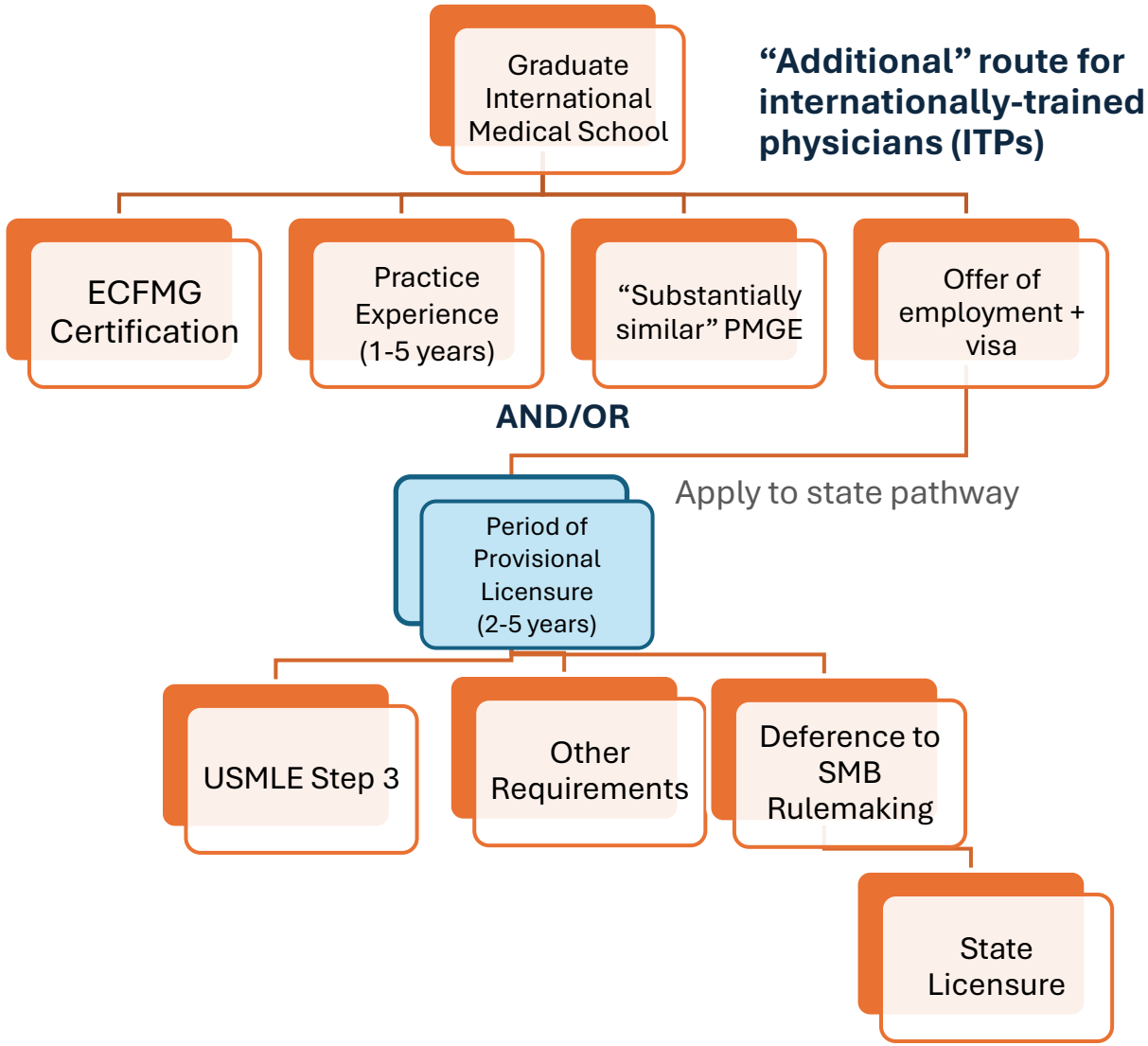
COMPARISON

COMPARING THE TWO ROUTES

"Traditional" route for international medical graduates (IMGs)



"Additional" route for internationally-trained physicians (ITPs)



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KEY CONCEPT

INTERNATIONALLY TRAINED PHYSICIANS

- **Who they are** — Physicians who earned their medical degree and completed training, and usually years of practice, outside the United States.

- **Why they matter** — An underused resource for provider shortages, often well positioned to serve diverse patient populations.

- **What states now do** — Grant a provisional license to a qualifying ITP; full licensure follows after supervised practice, without a U.S. residency.

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THREE YEARS

FROM THE FIRST STATE LAW TO NATIONAL GUIDANCE

2023
First states enact additional licensure pathways

Oct 2024
Advisory Commission opens public comment on draft eligibility recommendations

Feb 2025
Part 1 guidance: nine eligibility recommendations

Aug 2025
Part 2 guidance: assessment and supervision

June 2026
26 jurisdictions have enacted pathways; 17 states pending

Sources: FSMB, "States with Enacted and Proposed Licensure Pathways for Internationally Trained Physicians," key-issue chart, last updated June 2026. Advisory Commission on Additional Licensing Models, guidance documents (Feb. 4, 2025; Aug. 27, 2025).

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CASE STUDY

ONE PHYSICIAN

A primary care physician trained and practicing medicine in Nigeria moves to the United States. She has practiced for 11 years and possesses a full medical license from Nigeria without any disciplinary problems.

The medical licensing requirements vary from state to state. In 26 U.S. states, there are now unique requirements for ITPs: an approved employer must offer her a position, the state medical board must decide whether her training abroad is comparable, two years of supervised practice follow, and in addition to ECFMG certification she would need to sit for the same licensing exam (USMLE) as every other IMG.

BUILDING IN SAFEGUARDS

ASSESSING COMPETENCE

Assessed on all six general competencies endorsed by the Coalition for Physician Accountability.

MK
Medical Knowledge

PC
Patient Care & Procedural Skills

ICS
Interpersonal & Communication Skills

PROF
Professionalism

SBP
Systems-based Practice

PBLI
Practice-based Learning & Improvement

Source: Advisory Commission on Additional Licensing Models, guidance on assessment and supervision of internationally trained physicians (Aug. 27, 2025), Recommendations 1–5.

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WHAT WE'RE LEARNING

HONEST LIMITS

- Uptake has been modest so far.
- U.S. immigration is the binding constraint.
- “Substantially similar” training is a judgment call.
- Supervision capacity varies by employer.
- Retention in underserved areas is unproven.

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AN ADAPTABLE FRAMEWORK

NINE QUESTIONS FOR ANY REGULATOR

01	Authority
02	Employment
03	Credentials
04	Training
05	Experience
06	Currency
07	Supervision
08	Discretion
09	Evidence

Source: Advisory Commission on Additional Licensing Models, guidance document (Feb. 4, 2025), nine areas of concordance.

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World Health Organization

Seventy-ninth World Health Assembly

Agenda item 12.8

WHA79.12

23 May 2026

WHO Global Code of Practice on the International Recruitment of Health Personnel

Additional text to the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)

(1) The provisions of the Code also apply to health personnel who migrate and take up employment positions as care workers in destination countries. (Article 2)

(2) The recommendations of the Code are universally applicable in all countries, including during pandemics and other health emergencies, environmental disasters and humanitarian, economic or crises situations that require additional or surge support to manage health service delivery. (Article 2)

(3) Member States which rely on international health personnel, irrespective of the pathway of mobility or type of recruitment, are encouraged to partner with source countries on mutually beneficial strategies and targeted co-investments in specific areas of the health workforce and health systems in the source countries. (Article 5)

(4) Development banks, donor agencies and financial and development institutions with responsibility for emergency financing should consider modalities to mitigate the risk of health workforce loss during crises. (Article 10)

(5) Donor agencies, global health initiatives and international financial institutions are encouraged to co-invest in priority areas of health systems identified by countries as requiring support, with investments across the entire health worker life cycle (education, employment and retention) to optimize the management and performance of the health workforce and improve population health. (Article 10)

Seventh plenary meeting, 23 May 2026
A79/VR/7

DISCUSSION & QUESTIONS

THANK YOU

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